



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

### APPLICATION FOR MISSOURI TEACHER CERTIFICATE UPGRADE

(Application will be accepted within 30 days prior to the expiration date of classification.)

#### SECTION I: TO BE COMPLETED BY APPLICANT

##### A. VITAL INFORMATION

*SOCIAL SECURITY NUMBER		<input type="checkbox"/> CHECK IF NEW ADDRESS
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		
ALL MAIDEN/FORMER NAMES		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H (      )      W (      )

##### B. PURPOSE OF APPLICATION: Check appropriate box

- ☐ 1. I am requesting to upgrade my classification from PC-I to PC-II. (Items A, D, & E on the reverse side must be completed by school district official.)
- ☐ 2. I am requesting to renew my PC-II Classification. (Items B, D & E on the reverse side must be completed by a school district official.)  
**NOTE:** May be renewed an unlimited number of times if all requirements for the PC-II have been repeated within the previous seven (7) years.
- ☐ 3. I am requesting to upgrade my classification from PC-II to CPC. (Items C, D, & E on the reverse side must be completed by school district official.)
- ☐ 4. I am requesting to upgrade my provisional classification to a professional classification. (Items D & E on the reverse side must be completed by school district official.)  
**NOTE:** Teaching Experience must be documented in Item D.

##### IMPORTANT:

**ORIGINAL TRANSCRIPTS VERIFYING SATISFACTORY COMPLETION OF REQUIRED COURSEWORK MUST BE INCLUDED WITH THIS APPLICATION IF REQUESTING 2, 3, AND/OR 4 ABOVE.**

##### C. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

\*View the Social Security Number Disclosure Notice at: [http://www.dese.state.mo.us/schoollaw/freqaskques/SSN\\_Disclosure.pdf](http://www.dese.state.mo.us/schoollaw/freqaskques/SSN_Disclosure.pdf)

##### D. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE	DATE
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**SECTION II. RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT: (A-E to be completed by school official)****A. To be completed if applicant is upgrading from PC-I to PC-II classification. Requirements listed must be completed during valid dates of PC-I classification.**

- ☐ Applicant has completed three (3) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.  
**NOTE:** Teaching experience must be documented in Section D.
- ☐ Applicant has developed and implemented a professional development plan and it is on file with our district.
- ☐ Applicant has participated in and successfully completed an entry-year mentor assistance program.
- ☐ Applicant has participated in a beginning teacher assistance program from a Missouri college or university.
- ☐ Applicant has completed 30 clock hours of appropriate inservice education and documented such hours with our district.
- ☐ Applicant has participated in the performance based teacher evaluation program of this district.

**B. To be completed if applicant is renewing the PC-II classification. Requirements listed must be completed during valid dates of PC-II classification.**

- ☐ Applicant has completed an additional seven (7) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.  
**NOTE:** Teaching experience must be documented in Section D.
- ☐ Applicant has demonstrated continued progress with his/her professional development plan on file with our district.
- ☐ Applicant has completed 30 clock hours of appropriate inservice education and documented such hours with our district or has served as a mentor in an entry-year mentor program.
- ☐ Applicant has participated in the performance based teacher evaluation program of this district.
- ☐ Applicant has earned twelve (12) semester hours other than internship credit, appropriate to the following: (1) teaching area(s) currently held, or (2) pursuit of additional area(s) of certification, or (3) coursework which enhances teaching skills, or (4) planned master's degree in education or in an area of certification.  
**NOTE:** Those who have earned a master's degree in education or in an area of certification shall be exempt from the twelve (12) semester hour requirement.

**IMPORTANT:** ORIGINAL TRANSCRIPTS VERIFYING SATISFACTORY COMPLETION OF TWELVE (12) SEMESTER HOURS CREDIT MUST BE INCLUDED WITH THIS APPLICATION.

**C. To be completed if applicant is upgrading from PC-II to CPC classification.**

- ☐ Applicant has completed ten (10) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.  
**NOTE:** Teaching experience must be documented in Section D.
- ☐ Applicant has demonstrated continued progress with his/her professional development plan on file with our district.
- ☐ Applicant has completed 30 clock hours of appropriate inservice education and documented such hours with our district or has served as a mentor in an entry-year mentor program.
- ☐ Applicant has participated in the performance based teacher evaluation program of this district.
- ☐ Applicant has completed a master's degree in education or in an area of certification.

**IMPORTANT:** ORIGINAL TRANSCRIPTS VERIFYING CONFERMENT OF MASTER'S DEGREE MUST BE INCLUDED WITH THIS APPLICATION UNLESS MASTER'S DEGREE IS ALREADY ON FILE WITH EDUCATOR CERTIFICATION.

**D. Verification of approved teaching experience – To be completed by school official for all upgrading applicants.**

Teaching experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

Total teaching experience at previous district(s)	_____ years	_____ months
Total teaching experience at this district	_____ years	_____ months
Total approved teaching experience	_____ years	_____ months

**E. To be completed by school official for all upgrading applicants.**

I verify that \_\_\_\_\_ has provided documentation for all of the above information and that the information is true and complete to the best of my knowledge.

SIGNATURE OF SCHOOL OFFICIAL	DATE	SCHOOL DISTRICT
NAME OF SCHOOL OFFICIAL	SCHOOL ADDRESS	
TITLE OF SCHOOL OFFICIAL	SCHOOL TELEPHONE	

**PLEASE RETURN THIS FORM TO  
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.  
PHOTOCOPIES OR FACSIMILIES OF THIS COMPLETED FORM CANNOT BE ACCEPTED.  
VISIT OUR WEBSITE AT [www.dese.state.mo.us](http://www.dese.state.mo.us)**

